APPLICATION FOR COPY OF NORTH CAROLINA DEATH CERTIFICATE

WATAUGA COUNTY
REGISTER OF DEEDS
COURTHOUSE, SUITE 9, ROOM 119
842 WEST KING STREET
BOONE, NC 28607
(828) 265-8052

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PLEASE PRINT:

Full Name of Deceased: _____
First Name **Middle Name** **Last Name**

Date of Death: _____ **Place of Death:** _____
Month **Day** **Year** **City** **County**

Date of Birth: _____ **Age at Time of Death:**_____ **Race:** _____
Month **Day** **Year**

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YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED
(Check appropriate relationship):

- ❑ **Self**
- ❑ **Child/Step-child**
- ❑ **Authorized agent, attorney or legal representative of the person listed (Proof required)**
- ❑ **Spouse**
- ❑ **Parent/Step-parent**
- ❑ **Brother/Sister**
- ❑ **Grandparent/Grand-child**
- ❑ **Other** _____

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I hereby certify that all the above information is true to the best of my knowledge.
NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A DEATH CERTIFICATE.

_____ _____
Signature of Person Applying for Certificate **Date**

_____ (_____) _____
Address (Street or PO Box, City, State and Zip Code **Telephone Number**

THERE IS A $10.00 FEE FOR EACH CERTIFIED COPY AND .50 FOR EACH UNCERTIFIED COPY. THIS FEE MUST ACCOMPANY REQUEST.